

its last meeting, and the amount in his hands remained as stated in his last report.

On motion of *Dr. Kirkbride*, the committee to prepare business for the next meeting, was requested to nominate the standing committees contemplated in their report.

*Dr. Cutter* read a paper on the history of the treatment of the insane since 1814, with special reference to his own observations in that disease. After discussion, the paper was laid upon the table.

*Dr. White* read a paper on the propriety and importance of having distinct institutions for patients of different sexes, which, after discussion, was laid upon the table.

*Dr. Bell*, on behalf of the committee on business, reported that they recommended the following members to constitute the standing committees of this Association, viz.

On the Moral Management of the Insane, *Dr. Ayl*,

“ Medical Management of the Insane, *Dr. Bates*,

“ Medical Jurisprudence of Insanity, *Dr. Ray*,

“ Construction of Hospitals for the Insane, *Dr. Kirkbride*,

“ Restraining Apparatus, *Dr. Nicholls*,

which nominations were approved and confirmed by the Association.

On motion of *Dr. Stedman*, it was resolved, that the Secretary be instructed to furnish a copy of the proceedings of this Association to the editor of the *American Journal of Insanity*, and to the editors of the various Medical Journals in the United States, for publication in their respective periodicals.

The minutes of the meeting having been read and approved, the Association adjourned to meet in the city of Boston, on the third Tuesday of June, 1850, at 10 o'clock A. M.

THOMAS S. KIRKBRIDE, *Secretary*.

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*Condylloid Process of the Occiput*.—*Dr. NEILL* has observed a configuration of the condylloid process of the occiput, which is not generally noticed in the systematic works on anatomy.

He has shown us a cranium in which this process is double, being completely divided by a ridge into two distinct articular surfaces. This peculiarity is found in the pure *African* head oftener than in any other, but instances occur in other races.

This process will be found to be divided in all *young* heads, and it seems that the *African* occiput has a tendency to retain this formation in the adult state. In this respect there is an analogy to the occiput of the lower classes of the vertebrata, where it will always be found in this divided condition.

The principle of classification proposed by Professor Agassiz, which is based on the embryological condition of animals, and which has been so satisfactorily illustrated by him with reference to the lower orders of animals, is here shadowed forth in the human species.

*Dr. Neill* promises us an article for the next number of this Journal relative to this fact in special anatomy, with numerical comparisons of crania of different nations in this particular.

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*Cholera*. By N. WARD, M. D., Burlington, Vt.—This disease appeared several times in the northern province of Ceylon during the time I was resident there. About three years ago it prevailed extensively, and was of a severe character. In the treatment of it, some relied on calomel and opium in large doses. I derived the greatest benefit from a combination of calomel, opium,

camphor, and sugar of lead. I tried acetate of morphia and prepared chalk, with peppermint. This relieved the pain, but did not stop the progress of the disease, except in mild cases. In some cases I gave sugar of lead and opium, and sometimes camphor, omitting the calomel. This treatment frequently arrested the discharges, but less surely than with calomel; and the disease was very apt to return in a short time. The treatment where calomel was used was altogether the most satisfactory. It did not seem to me important or desirable to produce salivation. For an adult, in a case of severity, I generally gave at one dose, calomel gr. x, p. opii gr. ij, camphor gr. v, acet. plumbi gr. ij, ground well together. This mixture was given in all stages of the complaint, from the incipient diarrhœa to the state of collapse, varying the dose according to the severity of the case. One dose was generally sufficient; if not, it was repeated. No food or drink was allowed till the patient was convalescent, and then with caution. Drinks did not relieve the thirst complained of by the patients, but seemed to keep up the discharges. There were instances in which the disease, after it had been apparently arrested, was brought back by the use of a cup of gruel. Care was taken not to give anything that would decompose the acetate of lead. If the calomel did not act on the bowels in due time after the evacuations were stopped, and especially if pain in the abdomen came on, it was the practice to give a mild cathartic with some carminative.

This plan of treatment I adopted ten years ago, and have had every reason to be satisfied with it. It secured the confidence of the community to a greater extent than any other. People were desirous of procuring doses of the medicine to a greater extent than we were able to supply them, to keep by them for use in the event of an attack. I heard of many persons whose lives were saved by this precaution. The cholera appeared to me to be as much under the control of medical treatment as any active disease we have to deal with.

The danger in this disease appears to be owing mostly to the rapid depletion that takes place in it. From some cause, to us hitherto unknown, the body is rapidly deprived of a large part of its fluids, poured out through the lining membrane of the alimentary canal and the skin; and though the character of the discharges is not well understood, nor that of the disordered condition by which they are produced, I have allowed myself to conjecture that the cholera may be more nearly allied to some forms of hemorrhage than to the ordinary bowel complaints. However this may be, have not the modes of treatment that have been reported as successful, been such as are adopted to produce action or change of action in the capillary system, and thus prevent the further reduction of the circulating mass?

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*Nurses' Sore Mouth.* By J. YALE WARE, Mass.—This is a very troublesome complaint of mothers, and one that is rapidly increasing in this section. An infallible remedy, when it does not purge the bowels, is Griffith's Myrrh Mixture, in tablespoonful doses three times a day, internally, and a solution of nitrate of silver gr. viii to ℥iv of pure water for a gargle; and, if the soreness extends toward the stomach, swallow a teaspoonful three times a day. Of course, if need be, the stomach should be cleansed by a light emetic or gentle laxative, antecedent to the above treatment. I believe, if perseveringly used in season, very few mothers need wean their children from this cause; indeed, I have never known it fail to relieve the mouth.

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*Aphtha.* By J. YALE WARE, Mass.—The following simple prescription has proved a specific in my hands in many hundred cases of aphtha. I learnt it of Dr. Eli Ives, New Haven. R.—Ipecac. gr. vi; tinct. opii; ess.